

**NEW HAMPSHIRE STATE LIBRARY
FY 2004/2005 CONSERVATION LICENSE PLATE GRANT
FACT REPORT**

Name of Grantee: _____

Grant Title: _____

Grantee staff member preparing this report: _____

(Typed)

(Signature)

(Date)

1. Which of the following purposes does your grant best address? (Select all that apply)

- _____ Preservation of town records
_____ Microfilming of newspapers and/or historically significant materials
_____ Processing and organizing historically significant collections
_____ Preservation treatment of documents, photographs and artifacts

2. What best describes your organization? (Pick only one)

- _____ New Hampshire non-profit organization managing publicly owned resources
_____ New Hampshire public library
_____ New Hampshire municipal agency
_____ New Hampshire state agency
_____ New Hampshire county agency

3. Which of the following Conservation License Plate Grant goals does your project best address?
(Select all that apply)

- _____ Projects associated with events contributing to New Hampshire history and culture
_____ Projects associated with the lives of persons significant to New Hampshire history and culture
_____ Projects representing historic, cultural, artistic or scholarly ideas of New Hampshire people
_____ Projects valuable to the study of a period or theme of New Hampshire history or culture
_____ Projects that commemorate or illustrate a way of life or culture in New Hampshire
_____ Projects that provide services to users in support of learning

4. If you wish, provide any comments about the grant application and reporting process. Do you recommend changes or improvements for future Conservation License Plate grant offerings?

Complete and return this form to Janet Eklund prior to August 31, 2005

**NEW HAMPSHIRE STATE LIBRARY
FY 2004/2005 CONSERVATION LICENSE PLATE GRANT
FINAL FINANCIAL REPORT**

Grantee Name: _____

Grant Title: _____

Grantee staff member preparing this report:

(Typed)

(Signature)

(Date)

BUDGET CATEGORY	DOCUMENTATION REQUIRED	GRANT FUNDS EXPENDED
<i>Preservation Treatment</i>	<i>Attach an invoice for the work performed that outlines what treatment was undertaken.</i>	
<i>Consultant Fees</i>	<i>Attach an invoice for the services provided.</i>	
<i>Personnel</i>	<i>Attach payroll information for employee(s).</i>	
<i>Travel</i>	<i>Attach mileage and meal allowance reimbursement statements.</i>	
<i>Archival Supplies</i>	<i>Attach invoices for archival supplies and equipment.</i>	
<i>Other</i>	<i>Attach invoices to explain.</i>	
	TOTAL GRANT FUNDS EXPENDED <i>(This amount should be the same as your grant award)</i>	\$

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